

**OFFICE OF EMERGENCY SERVICES (OES)
LAW ENFORCEMENT AND VICTIM SERVICES (LEVS) DIVISION
CALIFORNIA MULTI-JURISDICTIONAL METHAMPHETAMINE
ENFORCEMENT TEAM PROGRAM – PERFORMANCE SITE VISIT**

Public Safety Branch ☒

Drug Enforcement Section ☒

GRANT NUMBER	GRANT AWARD PERIOD	GRANT AWARD AMOUNT
MH08030400	07/01/08 – 06/30/10	\$467,666

PROGRAM NAME:	San Luis Obispo County Sheriffs Office
PROJECT TITLE:	Cal MMET Program

(1) ADMINISTRATIVE AGENCY:	County of San Luis Obispo
(2) IMPLEMENTING AGENCY:	Sheriffs Office
(3) PROJECT DIRECTOR:	
Address:	P.O. Box 32 San Luis Obispo, CA 93406
Phone:	805-781-4540
(4) PROJECT COORDINATOR:	
Alternate Contact (Designee):	
Date of Visit: 9-29-09	Visit Conducted By:

PERSON(S) INTERVIEWED/CONTACTED DURING THE VISITATION

Date	Name	Title within Agency	Job Title (Project)
9-29		Chief Deputy	Project Director
9-29		Sheriffs Financial Off.	Financial Officer
9-29		Commander	
9-29		Senior Deputy	Day to Day Contact

Signature of OES Representative Conducting the Visit

Date

Signature of Section Chief

Date

**CALIFORNIA MULTI-JURISDICTIONAL METHAMPHETAMINE
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I. PROGRAMMATIC REVIEW

A. General

YES NO N/A

1. Does the project being visited fit within one of the following categories? (check only one) [✓]

X		
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- | | |
|----------|---|
| | 2 nd Year; |
| X | 3 rd Year; |
| | Over three years, (Please specify) _____ years. |

2. Operational Documentation

Does the project have current versions of the following:

- a. Recipient Handbook
b. Program Guidelines
c. Grant Award Agreement

X		
		X
X		

3. Goals, Objectives, and Project Activities

(Review the project's responses to the goals, objectives, and activities of the Grant Award Agreement.)

- a. Has there been any significant changes in the way the project implements or sustains the objectives and activities of this program?
If yes, has the project discussed the possibility of submitting a grant award modification?

X		
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- b. Is the project making satisfactory progress toward achieving the goals and objectives? If not, please explain.

X		
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4. Progress Reporting

(Review the progress report format, content and submission requirements.)

- a. Has the project submitted all required reports on time? If not, please explain.

	X	
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- b. Has the project kept accurate source documentation to support statistical data on the progress report?

X		
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**CALIFORNIA MULTI-JURISDICTIONAL METHAMPHETAMINE
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I. PROGRAMMATIC REVIEW (continued)

	YES	NO	N/A
5. Programmatic Source Documentation <i>(Review documents maintained by the project that represents data reported on progress reports.)</i>			
a. Has the project developed an information retrieval system that provides accurate data? <i>(This system may be automated or manual.)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Does the project use data summary sheets, actual case records, or other concrete documents that validate project performance?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Project Staff Duties & Responsibilities <i>(Assure that project staff have made other project staff available for interviews during the visitation.)</i>			
a. Have all grant funded project staff positions been filled? If no, please explain.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are job descriptions "project specific", rather than a copy of the "county" local agency job classification/position description?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Do project staff meet all special skill certifications required?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Are staff performing duties discussed in the Grant Award Agreement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Have project staff assumed duties for more than one OES-funded project? If yes, please explain.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Are there any programmatic problems that are unique to this project? If yes, please explain.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Program Specific Requirements			
a. Are Project Income Reporting forms completed and mailed to OES on a quarterly basis? <i>(Only required if asset forfeiture funds are received and/or expended.)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Is a copy of the signed DEC Protocol MOU in file?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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I. PROGRAMMATIC REVIEW (continued)

	YES	NO	N/A
c. Are there outstanding issues related to carrying out the DEC Protocol requirements? If yes, please explain.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d. Is a copy of the Operational Agreement in file?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
e. Is the Operational Agreement dated and signed by all participating agencies? If no, please explain.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

II. ADMINISTRATIVE REVIEW

A. General

1. Program Files

- a. Is the project familiar with preparation requirements for the following frequently used OES forms:

(1) OES Form 223, Grant Award Modification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) OES Form 201, Report of Expenditures and Request for Funds	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Personnel Policies

a. Are written personnel policies in place and available to all employees?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Do the policies discuss work hours, compensation rates, including overtime, and benefits; vacation, sick, or other leave allowances, hiring and promotional policies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Financial Requirements

1. Functional Time Sheets

a. Does the project use a Functional Time Sheet for all project positions employed less-than fulltime?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are functional time sheets completed correctly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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II. ADMINISTRATIVE REVIEW (continued)

	YES	NO	N/A
c. Is the percent (%) of time project staff spend on other non-project duties being tracked? <i>(If no, provide a discussion concerning any recommendations made to the project.)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Duties of the Financial Officer			
a. Has the project taken steps to assure that the duties of the financial officer are separate from that of the bookkeeper and project director? (separation of duties)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Do the financial officer and project director interact successfully on project expenditure decisions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Financial Source Documentation			
1. Does the project maintain updated budget pages on all approved grant award modifications?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the project maintain Confidential funds? If so, are protective safeguards and policies in place? Describe:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. If project income is acquired, is it tracked and reported? If no, please explain.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Has the project submitted Reports of Expenditures on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are there other issues concerning project expenditures and reporting? If so, please explain.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Equipment			
1. Acquisition			
a. Are equipment purchases authorized budget items?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Was equipment purchased in accordance with the Grant Award Agreement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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II. ADMINISTRATIVE REVIEW (continued)

YES NO N/A

E. State/Federal Administrative Requirements

1. Mandated State and Federal Programs

(Determine whether or not the following documents are posted at the site visited)

- | | | | |
|--|--|--|--------------------------|
| a. A current Equal Employment Opportunity (EEO) Policy Statement? | <input checked="checked" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. A current "Harassment or Discrimination in Employment is Prohibited by Law" poster? | <input checked="checked" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. A current Drug-Free Workplace Policy statement? | <input checked="checked" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Documentation of the California Environmental Quality Act (CEQA) on file? | <input type="checkbox"/> | <input checked="checked" type="checkbox"/> | <input type="checkbox"/> |

III. PROGRAMMATIC, ADMINISTRATIVE, AND FINANCIAL DISCUSSIONS

(Provide a summary of observations, findings, and recommendations made during the visit)

Thank you for your time and cooperation during my site visit of your Cal MMET Program on September 29, 2009. I commend you for being so well organized and meticulous with the presentation of program materials. Overall, the project meets or exceeds most grant requirements; however, the following findings include actions required in order to bring the project into full grant compliance.

A. California Environmental Quality Act (CEQA)

Finding: Unable to locate any documentation on CEQA Policy.

Corrective Action: Please review Section 2153 of the California Emergency Management Agency (Cal EMA) Recipient Handbook. As discussed, this document is most likely available in your Environmental Services Office – please verify.

B. Project Specific Job Descriptions

Finding: Not available at time of visit.

Corrective Action: Please prepare project specific duty statements for the personnel covered under this grant. Forward a copy to me and place a copy in employees file. I have attached a copy of a sample duty statement to assist you.

C. Progress Reporting

Finding: Progress reports are consistently submitted late.

Corrective Action: Chief Deputy Giese assured me that with the staff now assigned to the project progress reports will be submitted on a timely basis from here on out. I explained the importance of progress reports and also explained the requirements for progress reports if the project accepts stimulus funding.

Copies of assignment logs that are used for source documentation were retrieved from project and are in file for review. I have also filed a copy of the functional time sheets.

I understand that there is a significant problem in getting the DA's Office to file DEC cases – please let me know if I can assist you in this endeavor.